

Accommodation Service Center
APPLICATION FOR SUPPORT SERVICES

All information provided is confidential:

Student ID #: _____

Date of Birth: _____

Students Name: _____

First Middle Initial Last

Address: _____

Street Number Street Name Apt. # City Zip

Phone #: (____) _____ Student Email: ____@student.msjc.edu

Please check any verified disabilities that may apply to you:

- | | | |
|---|---|--|
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Brain Injury |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mobility/Physical | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Intellectually Delayed | <input type="checkbox"/> ADHD | <input type="checkbox"/> Autism Spectrum |
| <input type="checkbox"/> Other: _____ | | |

How does your disability impact your ability to learn? _____

Are you a client of any of the following agencies?

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Department of Rehabilitation
City: _____ | <input type="checkbox"/> Regional Center | <input type="checkbox"/> VA Rehab |
|--|--|-----------------------------------|

Emergency Contact: _____

Name

Relationship

Phone #

Current Medications (please include dosages): _____

Please note: Submission of an application does not mean you will be eligible for services

I acknowledge receipt of voter registration information in compliance with the National Voter Registration Act. I am aware that I can access the information at my convenience via the following link: <https://www.sos.ca.gov/elections/voter-registration/>

Student Signature: _____ Date: _____

ASC Staff Signature: _____ Date: _____

☐ **Student does not qualify for services (make copy for the student)**

Reason: _____

Accommodation Service Center STUDENT RIGHTS AND RESPONSIBILITIES

Student's Last Name	First Name Middle
Date of Birth	Student ID#

ACCOMMODATION SERVICE CENTER (ASC) receives special funding to provide services to students with disabilities and is required to meet state and federal regulations. *To help you comply with these regulations, you, as a student receiving ASC services, have the following rights & responsibilities:*

RIGHTS

- My participation in ASC is **voluntary**
- As a qualified student with a verified disability, I have the right to receive reasonable academic accommodations based on my educational limitations in order to have access to activities, programs, and services
- I shall not be discriminated against in any way on the basis of my disability
- All of my records maintained by ASC will be kept confidential

RESPONSIBILITIES

- I will provide ASC with verification of my disability
- I will meet with a ASC Professional or Counselor to update my ASC file once every **academic year**
- I will make progress toward my academic goals outlined in my Educational Plan
- I will notify ASC in **advance** if I am unable to attend scheduled appointments
- I will return any equipment on loan from ASC at the end of each semester
- I will maintain appropriate behavior in the educational setting and abide by AP 5500 Standards of Student Conduct
- I will be responsible in my use of ASC services and adhere to written service policies adopted by ASC

VOTING REGISTRATION

If you are not **registered to vote** where you live now, would you like to apply to register to vote here today?

I am already registered to vote at my current residence address.

Yes, I would like to register to vote. Please complete the voter registration at the following website: <https://registertovote.ca.gov/?t=vra&id=75> Staff is available for any assistance needed.

No, I do not want to register to vote.

1. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other preference, you may file a complaint with the Secretary of State by calling toll-free 800 345-VOTE (8683) For more information please visit the Secretary of State's website at www.sos.ca.gov.

Student Signature: _____ **Date:** _____

ASC Staff Signature: _____ **Date:** _____

Authorities cited: Education Code Section 66300 and 66301; Accreditation Standards I.C.8 and 10

Notice: A photocopy of this signed form is as valid as the original.

Student's Last Name	First Name
Date of Birth	Student ID#

Initial

I provided the Accommodation Service Center (ASC) with copies of school and/or medical records containing information regarding my disability in order to receive disability support services at Mt. San Jacinto College.

Initial

I give permission for ASC staff members to discuss my educational progress or the lack of with other professionals who may have a legitimate educational need to know. This shall remain in effect during my enrollment at MSJC or until revoked in writing.

I hereby authorize ASC to discuss my educational situation with the following personal individual(s):

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Privacy Information:

*The Mt. San Jacinto Community College District uses the information requested in this packet for the purpose of determining a student's eligibility to receive authorized special services provided by the Accommodation Service Center (ASC) Program. Personal information provided to the ASC program will be kept confidential in order to protect against unauthorized disclosure. Portions of Accommodation Service Center (ASC) this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232 (g)). The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.

By signing this document, I understand my rights to privacy, and hereby authorize the Mt. San Jacinto College District - Accommodation Service Center to discuss my private information with any approved personnel so long as a legitimate need exists.

Student Signature: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

(Required for Students Under 18 Years of Age)

ASC Staff Signature: _____ Date: _____